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Substitute for Form PTO-875									10 [588825		
CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR		R THAN ENTITY
FOR		NUMBER FILED .		NUMBE	NUMBER EXTRA		RATE	FEE		RATE	FEE
BASIC FEE (37 CFR 1.16(a))							•	\$	OR		\$
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =			•	. 4	X \$=		OR	x \$=	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 = *					× \$=		or OR	x \$=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$ =		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED – PART II											
(Column 1) (Column 2) (Column 3)					SMALL E	· ·NTITY	OR		R THAN ENTITY		
		CLAIMS EMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total (37 CFR 1.1) Independ (37 CFR 1.1)	•	MENDMENT	Minus	PAID FOR	=			FEE	ł	,	FEE
(37 CFR 1.1	ent *	17	Minus				X \$=		OR	X \$=	
(37 CFR 1.				5			X \$=		OR	× \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR'	+ 9 = =	
							ADD'L FEE		OR	ADD'L FEE	
		(Column 2)									
B LN		CLAIMS EMAINING AFTER MENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Tota (37 CFR 1.			Minus	**	=		X \$=		OR	x \$=	
Total (37 CFR 1.) Independ (37 CFR 1.)			Minus	***	=		x \$=		OR	× \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=		OR	+ \$=	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
ENTC		CLAIMS EMAINING AFTER MENDMENT	,	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Tota (37 CFR 1.			Minus	**			x \$=		OR	× \$=	
Total (37 CFR 1.) Independ (37 CFR 1.) WE SIDET DE			Minus	***	=		x s=		OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$=		OR	+ \$=	
						. 1	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".											
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.